Psychotherapy Lives Intersecting

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Dedicated to the Guys: Eugene, Dan, Sandy, Robert, Dave, and the Sunnyside Boys—Skin, Bill, Art, Les, and Toad.

Books by Louis Breger

Clinical Cognitive Psychology: Models and Integrations (1969)

The Effect of Stress on Dreams (with I. Hunter and R. W. Lane) (1971)

From Instinct to Identity: The Development of Personality (1974; reissued 2009)

Freud's Unfinished Journey: Conventional and Critical Perspectives in Psychoanalytic Theory (1981)

Dostoevsky: The Author as Psychoanalyst (1989; reissued 2009)

Freud: Darkness in the Midst of Vision (2000)

A Dream of Undying Fame: How Freud Betrayed His Mentor and Invented Psychoanalysis (2009)

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Prologue

Throughout the therapy experience with you, I always felt like a person in a relationship, rather than a specimen to be understood by you, and then explained back to me…you communicated an utter lack of judgment, an acceptance of the aspects of my life about which I was the most embarrassed, and modeled that ***Not Knowing*** *was okay.*
—Elizabeth

This book is aimed at all those people who are considering treatment for their psychological and emotional difficulties. It should also be of interest to therapists from a variety of backgrounds, as well as students in the field. For a great many people, psychotherapy continues to be associated with Freud and the version of psychoanalysis he created. Endless cartoons depict a patient—who may be human, dog, or cat—lying on a couch with a bearded analyst sitting behind taking notes. This version of psychoanalysis lives on, despite the fact that a great number of contemporary analytic therapists do not practice in this way. Typically, when major changes occur in science, social science, or the humanities, they percolate down to the general population within a reasonable period of time. This has happened very little with psychoanalysis. People who are considering analytic psychotherapy today should know that there are strikingly new versions of treatment in which patients do not lie on a couch with a silent analyst sitting out of sight, telling them their troubles can be traced to their childhood sexual fantasies: where the doctor is the expert who "knows"—who has access to the secrets of the unconscious—which he interprets to the patient, who is pushed to accept this "wisdom."[1]

This book explores contemporary analytic psychotherapy in its full complexity, drawing on the responses of many of the patients I have seen over the last fifty years as they describe, in their own words, what was helpful and not helpful in our work together. Since many of these responses were collected many years after the conclusion

of their therapies, they constitute a long-term follow-up which will reveal whether the changes reported at the end of the therapy lasted over the years. These accounts will be presented by the patients themselves as opposed to the typical account written by the therapist or psychoanalyst. While their identities will be disguised for reasons of confidentiality, they are, in fact, the coauthors of this book.

I will also present a certain amount of autobiographical material. Since I have been mainly retired for the last few years, it has given me time to reflect and look back over the many years I have practiced psychotherapy. As I wondered about all the patients I had seen, the idea occurred to me of contacting them and hearing what they had to say about our work together, in a number of cases many years earlier. It was also an opportunity to look at myself and see how my own background influenced the particular kind of therapist I became. While it has been a rule in Freudian treatment that analysts reveal nothing about themselves, even within modern approaches, it is relatively rare for the therapist to speak about his or her own life in any detail. In other words, while there is a great stress on the *relationship*, and some contemporary analysts describe their emotional or "countertransference" reactions to patients, they still do not reveal very much about their own lives.[2] This is a complicated matter, of course, since knowing about one's therapist may or may not be helpful. While I think the Freudian rules of "anonymity" and "neutrality" are almost always useless, if not harmful, it is still not clear how much knowledge about the therapist's life *is* helpful. So, while I will include a certain amount of autobiographical information in this book, I leave important material out to protect the privacy of my children and because it would not necessarily be helpful to patients should they read it. I have found that patients typically do not want to know that much about me early in their therapy but, as the years progress, many of them find such information important.

1

Against Dogma

> *There are three forces, only three, on this earth that can overcome and capture once and for all the conscience of these feeble, undisciplined creatures, so as to give them happiness. These forces are miracle, mystery, and authority.*
>
> —Feodor Dostoevsky, *The Brothers Karamazov*

In his brilliant *Grand Inquisitor* episode in *The Brothers Karamazov*, Dostoevsky depicts the need many people have for powerful authorities and charismatic leaders, along with belief systems—religions, political ideologies—that offer answers and certainty; which prescribe a way of life in absolute terms. Societies do need leaders and belief systems, of course, but these may be flexible or rigid, adaptable or obdurate, democratic or authoritarian, benign or punitive. And, what is necessary in one sphere may be inappropriate in another. An army at war may require leaders whose decisions cannot be questioned, but the methods of a general or drill sergeant are ill-suited to the raising of children. So too with psychotherapy and the many ways that people seek help for their psychological distress. Therapeutic practice should be flexible, open-minded, and nondogmatic, but, all too often, the field has been dominated by powerful leaders and their orthodox doctrines.[1]

You feel unhappy, sad, depressed, suicidal; overburdened with shame, self-loathing, or unfathomable guilt; little things frighten you to the point of phobic anxiety; you cannot seem to find a satisfying or loving relationship and each person you become involved with turns out to be a replica of the hostile, abusive, or sick man or woman you were with previously. You drown your sorrows in booze, drugs, or food, which then become problems themselves as you struggle with alcoholism, addiction, or obesity. You are stressed out, terrified, enraged, traumatized, out of control, feel too much or can't feel anything. What is a troubled soul to do?

There are so many treatment options today that finding the right one may seem an overwhelming task. You can turn on the TV, and Dr. Phil will tell you what is wrong and what to do about it. Your physician or a psychiatrist can prescribe one of the many mood-altering drugs. You can go to alcoholics anonymous, or one of its many offshoots—narcotics anonymous, over eaters anonymous, gamblers anonymous, sex addicts anonymous—or enter rehab, to deal with your addiction. Exercise may help with disruptive emotional states; you can take up marathon running, biking, tennis, golf, or put in long hours at the gym. One can turn to pastoral counselors, spirituality, and religions of many kinds.[2] From the East come practices such as Buddhism and many forms of meditation, as well as Yoga, Karate, and Tai Chi, all of which may calm anxiety, put one in a peaceful state, or give meaning where confusion reigned.[3] Or perhaps massage or Body Work is what is needed. Then there are marriage and couples therapists to help with troubled relationships, grief counselors to deal with painful losses, or, new on the scene, coaching. One can seek out friends for comfort, find shoulders to cry on. Or—and often as a last resort—you can see a shrink: try individual psychotherapy.

Again you are faced with myriad choices. What kind of therapist: psychiatrist, psychologist, social worker, marriage and family counselor? Freudian, Jungian, cognitive-behaviorist, existential-humanistic, eclectic, or some other? Since the 1960s the field has become crowded with such a range of practitioners that it is difficult to know what is best for your own situation. A brief course of cognitive-behavioral treatment to clear up symptoms or years of psychoanalysis? Perhaps, therapy is all a lot of bunk and your problems are due to faulty wiring of your brain, too much or not enough serotonin, and one of the new wonder drugs will clear things up.

There is a good deal of controversy over the effectiveness of psychiatric medications, which I will not review in detail here. While they seem essential in the treatment of a few conditions such as severe depression, bi-polar disorder, and certain anxiety states, there is also research that questions their effectiveness and suggests that at least some of their efficacy may be due to a placebo effect. Three recent books (Carlat 2010, Kirsch 2011, and Whitaker 2010) present strong criticisms of the ever growing use of such medications, largely due to the money and influence of drug companies. As one example, see Turner et al. (2008), who review seventy-four studies covering over 12,000 patients. They demonstrate how the FDA grossly inflates the

positive effects of these drugs, claiming that over 90 percent of patients benefit when, in fact the number is about 50 percent, while simultaneously distorting or downplaying studies that show negative effects. In two highly critical articles, the distinguished physician Marcia Angell (2011, 2011a) lays out the arguments and evidence that demonstrates how psychiatric medications have been widely overused, largely due to the financing and influence of the pharmaceutical industry. She also points out the great expansion of psychiatric diagnoses, which then become the bases for increased drug use, especially troubling in children. For a balanced discussion, see Summers and Barber's (2010) chapter on psychopharmacology. They point out that there is an increasing use of medication in combination with psychotherapy though there is little hard evidence for the effectiveness of this to date. George Atwood (2011) presents strong arguments and case material for the damaging effects of antipsychotic medications in the treatment of schizophrenia and trauma survivors. As we will see, several of my patients found antidepressants, in combination with psychotherapy, helpful, though the drugs had little to do with the major changes in their lives, relationships, and views of themselves.

Each of these many approaches can be dogmatic or not, demand exclusive adherence or be open to collaboration with others. Some AA groups think psychotherapy is incompatible with their twelve-step programs, while others recommend a combination of the two; some psychotherapists believe AA dilutes and interferes with therapy while others will not treat alcoholics or addicts unless they are simultaneously in a twelve-step program. All of these treatments have their values and limitations; they may be useful for particular problems or work best with certain individuals. I know people who have received help from almost all of the approaches mentioned above and certainly do not think that therapy is the best solution for everyone. The focus here, however, will be on what I know best from my own experience: individual analytic psychotherapy.

Psychotherapy and psychoanalysis are themselves split into many schools and factions, typically named after a founder—Freudian, Jungian, Kleinian, Kohutian—with their own theories, terminology, journals, training programs, rules, and techniques.[4] And they each claim to be the best, a practice begun by Freud when he labeled psychoanalysis the "pure gold." Schools of therapy can offer answers, certainty, solutions, which is what some people crave, especially in times of trouble. And there is much of value to be found in a number

of these approaches, but only if their ideas are used as starting points, hypotheses, hunches to be pursued or abandoned depending on the response of the patient. Any therapy becomes compromised when it hardens into dogma, when the same methods and interpretations are applied to everyone, when one size fits all. The type of psychotherapy I practice is the result of a long process of development that has taken me through university departments, a medical-psychiatric training center, psychoanalytic institutes, and a variety of research and scholarly projects. This journey has led me, I like to believe, to an approach that is neither miraculous, mysterious, nor authoritarian. There is some difficulty in knowing what to call the kind of therapy I practice. "Psychoanalysis" has too many connections to the old Freudian version while "psychotherapy" may be too broad. So I will call what I do contemporary or modern analytic psychotherapy, or, to be brief, analytic psychotherapy. What it actually consists of will become apparent from the case descriptions themselves.

An analyst some fifteen years older than me once said that, when he was beginning his training at the Southern California Psychoanalytic Institute in the 1950s, he sought out one of the senior members and asked whom he should choose as his training analyst. He was told to just pick anyone from the list of analysts approved by the American Psychoanalytic Association, the person did not matter since the technique and analysis would be the same. Freud had counseled that psychoanalysts behave like surgeons and, if you are having your appendix removed, any competent physician will do; his or her personality need not be a factor.[5] Contemporary analytic psychotherapy has come a long way from this idea now, and we currently talk about psychoanalysis as a "relational," "interpersonal," or "intersubjective" endeavor: a meeting of two people, each with their distinctive personalities and subjective worlds. Patients bring their history, symptoms, and life situation, and the therapist brings his or hers, including their specific training and clinical experiences. What transpires is a unique interaction of the two.

Over the course of fifty years I have evolved my own way of practicing analytic psychotherapy, and this book will illustrate what I have learned from my experience.[6] Psychoanalytic case histories—which, from Freud on, have been the primary evidence for both theory and technique—are almost always written by the analyst. It is quite rare to ask patients for their version of what transpired. In other words, most psychoanalytic cases are discussed solely from the analyst's point of

view. As Stepansky puts it, "analysts have never incorporated patient reports into their comparative assessments of theory, technique and therapeutic efficacy" (2009, 163). Exceptions are Stoller (1973) and Yalom (1974) though the latter would not call himself a psychoanalyst. The work that is closest to the present study is the volume edited by Schachter (2005) which reports seven cases that were treated by seven different psychoanalysts. Each case begins with a lengthy account written by the analyst and in four cases the patients, after reading their analysts' accounts, wrote relatively brief versions of their experiences. Thus, that study differs in important ways from mine, which begins with the patients' own accounts, with them reading my versions later. While the analyses described in the Schachter book are, in general, more formal—four or more times a week, lying on the couch—they are more contemporary and relational than classical Freudian, in my view. In addition, there are suggestions that, while a great deal of interpretive work went on, what was helpful were the same factors that my patients describe. One patient in the Schachter study reported, "I'd say my analyst values…insight or at least highlights it more in our work…than I do. To me what stands out most over the course of time are moments of mutual intense feeling, moments where we both had a good laugh about something that happened or something that one of us said" (90). Another patient commented, "You and your analyst become sort of like a real friend like I never had before" (123). And a third said, "The fact that he becomes an active participant in each session has been most effective in the parts of my life that have needed help the most" (144).

Psychotherapy outcome research frequently uses follow-up reports by patients, though these are often checklists and not the kind of long personal accounts presented here. Most analytic psychotherapists do not read the psychotherapy research literature and psychoanalysts have, until quite recently, rarely done research on the effectiveness and outcome of their methods, the one early exception being the Menninger Project, summarized by Wallerstein (1986), which, interestingly, found that "supportive psychotherapy" was superior to psychoanalysis. For a comprehensive review of psychotherapy research see Roth and Fonagy (1996) and Shedler (2010). Hans Strupp and his colleagues have done a great deal of excellent research in this area, clearly summarized in his article of 1996. There is beginning to be some acknowledgment among psychoanalysts of the need for evidence for the effectiveness of their methods, as reflected in the reviews provided by Shedler